

MY FINANCIAL PLEDGE TO St Bernard's Parish

Surname: _____ Given name: _____

Address: _____ Suburb: _____ Postcode: _____

Email: _____ Mobile: _____ Phone: _____

My age group is: under 20 20-29 30-39 40-49 50-59 60-69 70-79 80-89 90+

Credit Card

Please debit my Credit Card for \$ _____

every month quarter half-year year

Name on Card: _____

Please tick   Expiry Date: ____ / ____

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I understand that I may cancel this authority in writing at any time.

Signature: _____ Date: ____ / ____ / ____

© Parish First P/L PO Box 1063, Newport VIC 3015.

Direct Debit (from a nominated bank account – forms available from the Parish Office)

My financial pledge will be: \$ _____

every month quarter half-year year

Envelopes (envelopes available from the Parish Office)

My financial pledge will be: \$ _____

every week month quarter half-year year

Our Privacy Commitment

The information collected on this card is for Parish information and use only. Be assured that Parish First P/L and our Parish are committed to upholding and maintaining the Privacy Principles and Legislative requirements as set out in the Statutory Regulations of the Australian and Victorian Governments. This relates particularly to the gathering, recording, storing and disclosure of information relating to parish operations and the provision of religious and pastoral care services. We will never disclose your personal information to other third parties for other fundraising purposes without your consent.